103000053076

| ٠ | (Requestor's Name) | | |
|--|--------------------------|--------|--|
| | (Address) | | |
| ************************************* | (Address) | | |
| | (City/State/Zip/Phone #) | | |
| PICK-UF | P WAIT | MAIL | |
| (Business Entity Name) | | | |
| | (Document Number) | | |
| Certified Copies | Certificates of | Status | |
| Special Instructions | to Filing Officer: | | |
| , | | | |
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Office Use Only



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SECRETARY OF STATE
SECRETARY OF STATE
FLORIDA

OA Thomas FEB 2 9 2004

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: LIZZILE APANTMENTS LC (Name of Limited Liability Company) |
| (Name of Limited Liability Company) |
| • |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| |
| HERENA SANCORA (Name of Person) |
| |
| Firm/Company) |
| (Firm/Company) |
| CG31 TAMIAMI CANAL Rd. (Address) MIAMI FL 33124 (City/State and Zip Code) |
| (Address) |
| MIAMI FL 33/26 (City/State and Zip Code) |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| |
| HENCUR SANGOYA at (305) 299 - 4000 (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| Enclosed is a check for the following amount: |
| p \$25.00 Filing Fee & p \$55.00 Filing Fee & p \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy |

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

| 1. The name of a limited liability company is | |
|---|---|
| LIZELLE APARTMOUT | S, LLC |
| | |
| 2. The Articles of Organization were filed on 12/15 | and assigned document number |
| 403000053076 | |
| 1 | 1 |
| 3. The date the dissolution was approved: 12 115 | 5/2007 |
| 4. A description of occurrence that resulted in the limite 608.441, Florida Statutes, (copy 608.441 on back cov | ed liability company's dissolution pursuant to section ver letter). |
| all assets sold a | and all recenables |
| collected all a | letts and oliginations paid. |
| | |
| | EG G |
| 5. CHECK ONE: | |
| • | Fig. |
| All debts, obligations and liabilities of the line -OR- | mited liability company have been paid or discharged |
| ☐ Adequate provision has been made for the de | ebts, obligations and liabilities pursuant to s. 608.4421 |
| All remaining property and assets have been distribut rights and interests. | ted among its members in accordance with their respective |
| 7. CHECK ONE: | |
| There are no suits pending against the compa | any in any court. |
| -OR- Adequate provision has been made for the sa entered against it in any pending suit. | atisfaction of any judgment, order or decree which may be |
| gnatures of the members having the same percentage of r | membership interests necessary to approve the dissolution: |
| Signature | Printed Name |
| Herena Saavedra | Henova SAAUDOYA |
| | |
| | |
| | |
| | |
| | |
| | |

FILING FEE: \$25.00